



TESTIMONY

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**H.B. No. 5040 AN ACT CONCERNING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HUMAN SERVICES
March 1, 2022**

Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee, my name is Sarah Buccino. I am the Manager of Social Work Services at Hartford Healthcare at Home, the largest home health agency in Connecticut. I have worked for Hartford Healthcare as a Social Worker and the Social Work manager for the last eight years. Over the last few years, especially during the pandemic, I have personally observed an increased need for Social Work services for all our patients, particularly our Medicaid patients.

Hartford Healthcare at Home provides home-based nursing, therapy, and social work services to patients with complex medical, behavioral, and social needs throughout the entire state. These services aim to avoid costly and unnecessary emergency room visits and hospital and skilled nursing facility admissions. Home Health Social Workers support aging in place and, whenever possible, encourage the use of home-based services, which cost approximately one-third of the cost of skilled inpatient care. Hartford HealthCare's home care services are developed to optimize clinical outcomes, maximize independence, and improve quality of life, which would not be achievable without a Social Worker being a part of the multi-disciplinary team.

Home Health Social Workers are skilled clinicians who identify and connect high-risk patients with interventions to help them overcome barriers for better health outcomes. Due to limited resources, Medicaid patients are more likely to be impacted by Social Determinants of Health (SDOH) and health disparities. Social Determinants have a major impact on health outcomes, especially for individuals who are at or below the Federal Poverty Limits. The COVID-19 pandemic has negatively affected many people's SDOH and mental health, and has created new barriers to connecting to community resources and assistance. To demonstrate healthcare quality and improved outcomes for vulnerable populations, it's imperative we realize that overall health, well-being, and quality of life are directly impacted by the conditions in which we live; the social and economic realities of families, communities, workplaces, and schools.

Home Health Social Workers have an advantage that no other setting can offer, and that is the ability to observe patients in their home environment. Seeing patients in their own home, where

they are the most comfortable, allows Home Health Social Workers to complete the most comprehensive psychosocial assessments. They are highly trained and through observation, can skillfully identify unspoken needs, challenges, and (SDOH) that most likely would not have been uncovered in another setting. With this vantage point, Home Health Social Workers are also able to identify and timely report any signs of abuse, neglect, or exploitation, which can sometimes go unnoticed outside of the home. Without being in the home, items like living conditions, family/caregiver interactions, or a food insecurity could also be overlooked and left unaddressed. For this reason, Home Health Social Workers are often called upon by Social Workers in hospitals, Doctor's offices, etc. requesting home visits to observe and assess what they cannot. The value of Social Work is recognized in other settings, as all other mental health professionals are reimbursed for providing social, emotional, psychological services; yet, Home Health Social Workers in Connecticut are not reimbursed for the same or similar services.

Hartford Healthcare at Home Social Workers conduct an average of 71 visits per month to patients with Medicaid as their primary insurance, equating to approximately 850 unpaid visits in 2021, a 15% increase from 2020. This lack of reimbursement has limited our salary ranges for social workers, which further limits our potential hiring and retention practices. We are continually recruiting to fill empty positions to meet the needs of the service. Knowing that our Medicaid patients often have the most complex cases, it is unfortunate that Hartford Healthcare at Home and other home health providers have never had a reimbursement rate for their Social Work visits.

Our Connecticut Medicaid residents deserve parity and home health agencies deserve to be reimbursed for Social Work services. Please develop a competitive Medicaid Home Health Social Work rate.

Thank you for this opportunity, and I would be happy to answer any questions.

Sarah Buccino

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Case Presentation

Mr. S is a 55 year old male and referred to Home Health Social Work at the beginning of the pandemic. He was referred because he had no income or supports and was in the process of being evicted. Mr. S is disabled due to stage 4 cancer, and blindness in his left eye. He also has a 3rd grade reading level.

Over the course of three months, the Home Health Social Worker provided a variety of therapeutic and concrete, hands-on problem-solving interventions. Due to this patient's complex issues and needs, these visits were much more involved and lengthier than the average visit. In addition, due to Mr. S's lack of income, he had limited access to a phone, and therefore, required significant and consistent support. Without the support of the Home Health Social Worker, Mr. S, a very high-risk patient, would have fallen through the cracks. Odds are he would not have any the services that he currently does and would have been evicted.

Social Work Interventions included the following:

- Providing significant emotional support and short-term counseling due to major depression and a long history of suicide attempts.
- Contacting Housing Court, reopening Mr. S's case and attending scheduled mediation. Eviction was withdrawn as a result. Pt was previously defaulted as Mr. S never responded to complaint as he was unable to read documents or respond appropriately.
- Obtaining a microwave as he is unable to use stove due to limited vision.
- Collaboration with MDs when needed to ensure completed referrals when medical information was needed.
- Referrals to:
 - Husky ICM for ongoing resource connectedness
 - Meals on Wheels while awaiting for snap approval
 - Energy Assistance and emergency Energy Assistance due to outstanding electric bill
 - Services for the blind
 - Community First Choice Program and aided in the assessment process
 - Ongoing outpatient counseling services
- Applications to/for:
 - TRHAP to obtain funds for landlord for back rent
 - Social Security Disability Income
 - SAGA Cash and SNAP Benefits - assisted and participated in telephone interviews and with obtaining verification documents.
- Education on 211, legal aid and various other resources / services